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**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

In the Matter of the Case Against:

**Sheldon Joel Sevinor, M.D.  
496 Lynnfield St.  
Lynn, MA 01904**

**MBC Case No. 8002016027227**

**Physician's and Surgeon's  
Certificate No. G29149**

Respondent.

**DECISION AND ORDER**

The surrender of Physician's and Surgeon's Certificate No. G29149, by Respondent, Sheldon Joel Sevinor M.D., is accepted by the Medical Board of California, Department of Consumer Affairs.

This Decision shall become effective at 5:00 p.m. on the 17th day of May, 2017.

Ordered May 17, 2017

  
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**KIMBERLY KIRCHMEYER  
EXECUTIVE DIRECTOR  
MEDICAL BOARD OF CALIFORNIA**

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5. Respondent is aware of each of his rights, including the right to a hearing, the right to confront and cross-examine witnesses who would testify against Respondent, the right to testify and present evidence on his own behalf, as well as to the issuance of subpoenas to

1 compel the attendance of witnesses and the production of documents, the right to contest any  
2 charges and allegations, and other rights which are accorded Respondent pursuant to the  
3 California Administrative Procedure Act (Gov. Code, §11500 et seq.) and other applicable laws,  
4 including the right to seek reconsideration, review by the superior court, and appellate review.

5           6.       In order to avoid the expense and uncertainty of a hearing, Respondent  
6 freely and voluntarily waives each and every one of these rights set forth above. Respondent  
7 hereby agrees to surrender Physician's and Surgeon's Certificate No. G29149.

8           7.       Respondent understands that by signing this Stipulation he is enabling the  
9 Board to accept the surrender of his license without further process, as provided by section  
10 11415.60(b) of the Government Code.

11           8.       Upon acceptance of the Stipulation by the Board, Respondent understands  
12 that he will no longer be permitted to practice as a Physician and Surgeon in California, and also  
13 agrees to surrender and cause to be delivered to the Board both his license and wallet certificate  
14 before the effective date of the Decision.

15           9.       Respondent hereby represents that he does not intend to seek relicensure  
16 or reinstatement as a Physician and Surgeon. Respondent fully understands and agrees, however,  
17 that if Respondent ever files an application for relicensure or reinstatement in the State of  
18 California, the Board shall treat it as a Petition for Reinstatement, and the Respondent must  
19 comply with all the laws, regulations and procedures for reinstatement of a revoked license in  
20 effect at the time the Petition is filed. Case Report No. 8002016027227, including all referenced  
21 attachments and other exhibits, and any additional attachments, and other exhibits, that may be  
22 generated subsequent to the filing of the surrender of license, shall be admissible as direct  
23 evidence, and any time based defenses, such as laches or any applicable statute of limitations,  
24 shall be waived when the Board determines whether to grant or deny the Petition.

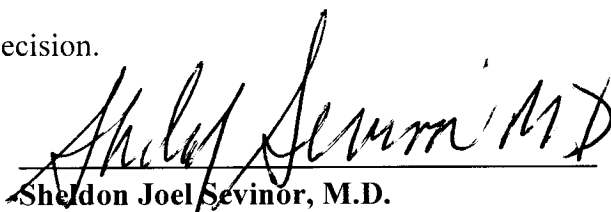
25           10.      Respondent understands that this document may be disclosed to the  
26 public, and/or the National Practitioner Data Bank and/or the Federation of State Medical  
27 Boards.  
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ACCEPTANCE

I, Sheldon Joel Sevinor, M.D., have carefully read the above Stipulation and enter into it freely and voluntarily, with the full knowledge of its force and effect, do hereby surrender Physician's and Surgeon's Certificate No. G29149, to the Medical Board of California. By signing this Stipulation for Surrender of License, I recognize that upon its formal acceptance by the Board, I will lose all rights and privileges to practice as a Physician and Surgeon in the State of California, and I also will cause to be delivered to the Board both my license and wallet certificate before the effective date of the Decision.

DATED:

03/03/2017

  
Sheldon Joel Sevinor, M.D.  
Respondent

DATED:

03/03/2017

  
WITNESS

## **EXHIBIT A**

COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss

Board of Registration in Medicine

Adjudicatory No.

In the Matter of )  
)  
)

Sheldon J. Sevinor, M.D. )  
Registration No )  
)

RESIGNATION

I, Sheldon J. Sevinor, M.D., being duly sworn, depose and state:

1. I desire to resign my license to practice medicine in the Commonwealth of Massachusetts pursuant to the terms of 243 CMR 1.05(5)(a).
2. My resignation is tendered voluntarily.
3. I realize that this resignation is a final act that deprives me of all privileges of registration and is not subject to reconsideration or judicial review.
4. I will resign any other licenses contemporaneously with my resignation in Massachusetts, and I will make no attempt to seek licensure elsewhere.
5. I understand that my resignation is a disciplinary action that is reportable to any national data-reporting agency, pursuant to G.L. c. 112, §2.

Signed under the penalties of perjury this 21 day of September 2016

Sheldon J. Sevinor MD  
Sheldon J. Sevinor, M.D.

Then personally appeared before me the above-named, Sheldon Sevinor, M.D. who signed the foregoing resignation in my presence and acknowledged said resignation to be his free act and deed.

Dated: 09/21/16

A. J. A.  
Notary Public

My Commission Expires: 08.04.2017



ABDEL FETTAH HOUNAIN  
Notary Public  
Commonwealth of Massachusetts  
My Commission Expires  
August 4, 2017